

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028170

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3958

FILED AUG 6 1963

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN KANSAS CITYLength of stay in 1b
36 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 4236 AGNESInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JACKSONc. CITY
OR
TOWN KANSAS CITYInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 4236 AGNESReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First MIDDLE Last
DAVID ALVIN BRAGG4. DATE
OF
DEATH Month Day Year
7 13 635. SEX
MALE6. COLOR OR RACE
NEGRO7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7-8-19069. AGE (last birthday)
57IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)10b. KIND OF BUSINESS OR INDUSTRY
RESTURANT11. BIRTHPLACE (City and state or country)
OKLA.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

DAVID BRAGG

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

NETTIE BRAGG

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT

Address
NETTIE BRAGG 4236 AGNES, K. C., MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metrol Requirization

INTERVAL BETWEEN
ONSET AND DEATH

?

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/29/59 to 7/13/63 and last saw her alive on 5/25/63
Death occurred at Home on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

BURIAL

7-16-1963

LINCOLN CEMETERY

KANSAS CITY, MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs. C. E. Davis

K. C., Mo.

7-15-63

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. Turner

VS 300
Rev. 4/59

1

23 6182

3

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9410X

10

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1290-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Sidman

Licensed Embalmer No.

453

P. O. Address

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.